

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 6 1445 ROSS AVENUE, SUITE 1200 DALLAS, TX 75202-2733

August 23, 2002

BLACKSTONE ENTERPRISES INC 4225 MIDWAY ROAD NO 100 CARROLLTON, TX 75007 ATTN: ALLEN CARTER, OWNER

This is to acknowledge that, in compliance with Section 3010 of the Resource Conservation and Recovery Act (RCRA), you have filed a Notification of Regulated Waste Activity for:

BLACKSTONE ENTERPRISES INC 4225 MIDWAY ROAD NO 100 CARROLLTON, TX 75007

Your EPA Identification Number for this installation is: TXR000043992

The EPA Identification Number must be included in all shipping manifests for transporting hazardous wastes; on all Bienniel Reports that generators of hazardous wastes, and owners and operators of hazardous waste treatment, storage, and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste reports and documents required under Subtitle C of RCRA. A Subsequent Notification of Regulated Waste Activity is required should any information on the original document change.

Charles Faultry, Chief

RCRA Information Management Section

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Piease print or type with Elite type 6220 racters per inch) in the unshaded areas only Form Approved, OMB No. 2050-0028 Expires 10/31/99 RECEIVE Date Received Please refer to Section V. Line-by:
Line Instructions for Completing ation and Report Seffication of Regulated ived

EPA Form 8700-12 before completing this form. The Information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

Waste Activity
UN 1 7 2007
United States Environmental Protection Agency
Recovery Act). AUG 1 3 2002 United States Environmental Protection Agency 1 7 2002 6PD-I I. Installation's EPA ID Number (Mark 'X' in the appropriate box) C. Installation's EPA ID Number ✓ A. Initial Notification B. Subsequent Notification (Complete item C) X-R-0000 0 43 99 II. Name of Installation (include company and specific site name) lc 7 III. Location of Installation (Physical address not P.O. Box or Route Number) Street Test in the O Street (Continued) City or Town State Zip Code O **County Code County Name** N IV. Installation Mailing Address (See instructions) Street or P.O. Box alm Ø City or Town Zip Code State 9 V. Installation Contact (Person to be contacted regarding waste activities at site) Name (Last) (First) Job Title Phone Number (Area Code and Number) theched from Fritish - 7-26-02 Vi. Installation Contact Address (See instructions) A. Contact Address B. Street or P.O. Box Location City or Town State Zip Code VII. Ownership *(See instructions*) A. Name of Installation's Legal Owner Street, P.O. Box, or Route Number Sam City or Town State Zip Code (Date Changed) D. Change of Owner indicator B. Land Type C. Owner Type Phone Number (Area Code and Number) Month Day

	JUN 1 7 2002	ID - For Official Use Only						
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ŀ	VIII. Type of Regulated Waste Activity (Mark 'X in the property of the propert							
ŀ	A. Hazardous Waste Activity	B. Used Oil Recycling Activities						
۸. الاتمان	1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (220-2,200 lbs.) c. Less than 100 kg/mo (220 lbs) 2. Transporter (Indicate Mode in boxes 1-5 below) b. For commercial purposes Mode of Transportation 1. Air 2. Rail Mode of Transportation 1. Air 2. Rail 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions. Hazardous Waste Fuel a. Generator Marketing to Burner b. Other Marketers c. Boiler and/or industrial Furnace 1. Smelter Deferral 2. Small Quantity Exemption Indicate Type of Combustion Device(s) 4. Water 5. Other - specify 3. Ireater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions. 4. Hazardous Waste Fuel a. Generator Marketing to Burner b. Other Marketers c. Boiler and/or industrial Furnace 1. Smelter Deferral 2. Small Quantity Exemption Indicate Type of Combustion Device(s) 3. Ireater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions. 4. Hazardous Waste Fuel a. Generator Marketing to Burner b. Other Marketers c. Boiler and/or industrial Furnace	1. Used Oil Recycling Marketer a. Marketer Directs Shipment of Use Oil to Off-Specification Burner b. Marketer Who First Claims the Used Oil Meets the Specifications 2. Used Oil Burner - Indicate Type(s) of Combustion Device a. Utility Boiler b. Industrial Boiler c. Industrial Furnace 3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s) a. Transporter b. Transfer Facility 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)						
-"1	5. Underground Injection Control	☐ a. Process☐ b. Re-refine						
ľ	IX. Description of Regulated Wastes (Use additional sheets if necessary)	- witte-ionite						
f	A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes correspond	onding to the characteristics of						
	nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261	.24)						
	I. Ignitable 2. Corrosive 3. Reactive 4.Toxicity (List specific EPA hazardous waste number(s) for the Toxicity characteristic (D001) (D002) (D003) Characteristic contaminant(s))							
l		07 DO39 DOV						
┟	B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to I							
	1 2 3 4 I	5 6						
	7 8 9 10	11 12						
1	C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)							
	1 2 3 4	5 6						
ſ	X. Certification							
	I certify under penalty of law that this document and all attachments were prepared under ma system designed to assure that qualified personnel properly gather and evaluate the informerson or persons who manage the system, or those persons directly responsible for gather is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that thereinformation, including the possibility of fine and imprisonment for knowing violations.	nation submitted. Based on my inquiry of the						
ſ	Signature Name and Official Title (Type or print	t) Date Signed						
	x Ja Non Highton Klawania Highton	DER 5-24-02						
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L	XI. Comments							
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L								
	Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section I	ll of the booklet for addresses.)						

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 6 1445 ROSS AVENUE, SUITE 1200 DALLAS, TX 75202-2733

September 13, 2001

DRY CLEAN SUPER CENTER
4225 MIDWAY ROAD
CARROLLTON, TX 75007
ATTN: ALLEN CARTER, OWNER

This is to acknowledge that, in compliance with Section 3010 of the Resource Conservation and Recovery Act (RCRA), you have filed a Notification of Regulated Waste Activity for:

DRY CLEAN SUPER CENTER 4225 MIDWAY ROAD CARROLLTON, TX 75007

Your EPA Identification Number for this installation is: TXR000043992

The EPA Identification Number must be included in all shipping manifests for transporting hazardous wastes; on all Bienniel Reports that generators of hazardous wastes, and owners and operators of hazardous waste treatment, storage, and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste reports and documents required under Subtitle C of RCRA. A Subsequent Notification of Regulated Waste Activity is required should any information on the original document change.

Charles Faultry, Chief

RCRA Information Management Section

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Please refer to the Instructions for Filling Notification before

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Notification of Regulated

Date Received (For Official Use Only)

completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).	WEFA	Wasto	Activ	i ťy _o z 8 2001	LIL SE	P I 0 2001	
t. Installation's EPA ID No	umber (Mark 'X' in the appro					*	
A. First Notification	n B. Subsequent (Complete It		TXR	O O O	043	91912	
II. Name of Installation (In	nclude company and specific	c site name)					
DRYICL	EAN SU	PERC	ENT	ER			
	n (Physical address not P.O.	. Box or Route Num	ber)				
Street		ALI I	 	, , , , , , , , , , , , , , , , , , , 			
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Street (Continued)		- 		 	I I I		
City or Town			State	Zip Code			
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County Code County Na			-1 - 14 - 1/ -				
113DAL	LAS-DENT	DN - 3					
IV. Installation Mailing Ad	kdress (See Instructions)						
Street or P.O. Box	, , , , , , , , , , , , , , , , , , , 		-1-1- 1-	 	 		ب ا
4 2 2 5 M	MIDIMINIA	RDI I					<u>ئر</u>
City or Town			State	Zip Code	0171-		16
CARROL		37 38 37 787	<u> </u>	71310	0 / -		*
V. Installation Contact (F Name (Last)	Person to be contacted rega	raing waste activitie (First					- T
800000	CARTER	T AI	1 2 1	/ 			
Job Title	I A WHILL ING	Phone	Number (Are	a Code and No	umber)		
OWNER		97	2-6	62-	1 - 1	٥	**************************************
	Address (See Instructions)		·				
A. Contract Address Location Mailing Other B.	Street or P.O. Box		1 21 51	 			
X	1425 M1	DIWIAIYI	IRD)		20040 00 000 0000 0000		3A, 11 A
City or Town		- 	State	Zip Code	0 7 7 -		
UA RROL VII. Ownership (See Instru	ctions)		1//	1230	9 /	}	
A. Name of installation's L							
ALIBN	CARTER		TTT				
Street, P.O. Box, of Route	Number		1 1 1	1 1 1			目
4225 M	IDWAYI	RATI					
City or Town	and the same		State	Zip Code			
CARROL	LTONT		ITX	750	07-		
Phone Number (Area Code	e and Number)	B. Land Type C. O	wner Type 0.	Change of Owner Indicator	Month No	late Changed) Day Yo	oef
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	AUG 2 8 2001	ID - For Official Use Only	
Mill Tr 5 5	TNROCHAE		
VIII. Type of Regulated Waste Activity (Mar		er to instructions)	
A. Hazardous Wa	aste Activity	B. Used Oil Recycling Ac	tiviti
1. Generator (See Instructions)	🗌 3. Treater, Storer, Dispos	ser (at 1. Used Oil Fuel Marketer	
a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (200-2,200 lbs.)	installation) Note: A per required for this activity	rmit is a. Marketer Directs Shipmer v: see Oil to Off-Specification Br	nt of U
C. Less than 100 kg/mo (220 lbs)	instructions.		s the
Transporter (Indicate Mode in boxes 1-5 below)	4. Hazardous Waste Fuel a. Generator Marketing to i	Oil Meets the Specificatio 2. Used Oil Burner - Indicate	ns Type/
a. For own waste only	b. Other Marketers	Combustion Device(s)	
b. For commercial purposes	c. Boller and/or industrial Fi	urrace D. Industrial Boller	
Mode of Transportation ☐ 1. Air	2. Small Quantity Exem	or con transporter - IIII (5	ite Tyr
2. Rali	Indicate Type of Combi Device(s)	ustion of Activity(les)	
3. Highway 4. Water	1. Utility Boiler 2. Industrial Boiler	■ b. Transfer Facility	
5. Other - specify	3. Industrial Furnace	Used Oil Processor/Re-refine Type(s) of Activity(ies)	r-Indi
	5. Underground Injection Con	ntrol a. Process b. Re-refine	
X. Description of Hazardous Wastes (Use as	dditional sheets if necessary)		
A. Characteristics of Nonlisted Hazardous	Wastes (Mark 'Y' in the boxes on	Directoring to the characteristics of	
The state of the s	pandles; See 40 CFR Parts 261.20 -	261.24)	
Ignitable 2. Corrosive 2. Reactive 4. Toxi (D001) (D002) (D003) Cha	city recteristic: (List specific FPA bazazione	waste number(s) for the Toxicity characteristic conta	
		D & J J B D B A D D A	eminant A
Listed Hazardous Wastes (See 40 CER 26)			149
Listed Hazardous Wastes. (See 40 CFR 26)	1.31 - 33; See Instructions if you nee	ed to list more than 12 waste codes.)	
	3 4	5 6	
F1002 D007	D039 D04	0	
7 9 9 9	9 10	11 12	
Other Wastes. (State or other wastes requiring	g a handler to have an I.D. number;	; See instructions.)	
1 2	3 4	<u> </u>	
		5 6	+
Certification			
ertify under penaity of law that this document and estem designed to assure that qualified personnel p persons who manage the system, or those person	all attachments were prepared und	er my direction or supervision in accordanc	e with
St of my knowledge and belief true accurate and	gattlettilg	the information, the information submitted is	perso s, to th
	The state of the s		matio
	Name and Official Title <i>(Type o</i>	or print) Date Signed	
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Comments			